State of New Hampshire Department of Agriculture, Markets & Food

APPLICATION FOR LICENSE
TO PURCHASE MILK AND CREAM WITHIN THE STATE OF NEW HAMPSHIRE

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FULL NAME OF	APPLICANT			
ADDRESS				
	n individual, co-partnership,		or corporation	
INFORMATION	FILED			
	th RSA 434:41, and amendr ormation is hereby furnished			
1. Averaç	ge purchases per month.			
2. Real e	state owned by applicant w	ithin the State of	New Hampshire.	
•		Assessed Value	Encumbrances	
	f Fire Insurance on Real Es			
Amount o	f Fire Insurance on Equipm	ent \$		
I declare t	the above statements are tr	ue under penalti	es of perjury.	
Date	Sig	ned		_
(NOTE: All licen	ises expire the first day of A	uaust. Fee of tv	ventv dollars (\$20) m	ust be

(NOTE: All licenses expire the first day of August. Fee of twenty dollars (\$20) must be enclosed with application. Mail application and fee to: NH Department of Agriculture, Markets & Food, PO Box 2042, Concord, NH 03302-2042.)

THIS PAGE NOT REQUIRED TO BE FILLED IN BY INDIVIDUAL BUYERS.

In addition to the foregoing the following information is attached hereto by applicant and

is hereby made a part of this application.

I. IF A CO-PARTNERSHIP

Full names and addresses of all members and their respective interests in the firm.

II. IF AN ASSOCIATION

- 1. Full names and addresses of all members of the association.
- 2. A copy of the articles of association, duly attested by the clerk or secretary thereof.
- 3. A list of all officers of the association, duly attested by the clerk or secretary thereof.
- 4. A copy of any by-laws or regulations, duly attested by the clerk or secretary thereof.

III. IF A CORPORATION

- 1. A copy of the charter or articles of agreement.
- 2. A copy of the by-laws or regulations.
- 3. A copy of such portions of the records as show the extent of paid-up capital.
- 4. A list of the stockholders and their respective holdings.
- 5. A list of the officers.
- 6. A statement showing the financial condition. (Attach statement of assets and liabilities.)

All of the above signed by the president, treasurer, secretary or clerk of the corporation.

I declare the above statements are true under penalties of perjury.

Date	_ Signed	